


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90049 011 ****50.00

DOCUMENT # L04000094291		
1. Entity Name CLIFFORD R. JAMES, JR., LLC		

40003940



01122006 Chg-LLC CR2E083 (11/05)

Principal Place of Business 750 W. WENTWORTH ENGLEWOOD, FL 34223	Mailing Address 750 W. WENTWORTH ENGLEWOOD, FL 34223
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2. Principal Place of Business 1865 Bluebird Ln. Suite, Apt. #, etc.	3. Mailing Address 1865 Bluebird Ln. Suite, Apt. #, etc.
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City & State Englewood, FL	City & State Englewood, FL	4. FEI Number 20-2097096	Applied For <input type="checkbox"/> Not Applicable
Zip 34224	Country U.S.A	Zip 34224	Country U.S.A

6. Name and Address of Current Registered Agent DICKINSON, ROBERT A 460 S. INDIANA AVE. ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES, CLIFFORD R JR. 750 W. WENTWORTH ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James, Clifford R. Jr. 1865 Bluebird Lane Englewood, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Clifford R. James Jr. 1/2/06 941-416-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #